

**Alaska Department of Labor
and Workforce Development
Employment Security Division
Employment Security Tax**



Juneau – Registration

1111 W. 8th St., Room 203
PO Box 115509
Juneau, AK 99811 – 5509
(907) 465-2757
Fax (907) 465-2374

Anchorage Employment Security Tax Office

3301 Eagle St., Room 106
PO Box 241767
Anchorage, AK 99524 – 1767
(907) 269-4850
Fax (907) 269-4845

Fairbanks Employment Security Tax Office

675 Seventh Avenue, Station L
Fairbanks, AK 99701 – 4513
(907) 451-2876
Fax (907) 451-2883

Juneau Employment Security Tax Office

1111 W. 8th St., Room 203
PO Box 115509
Juneau, AK 99811 – 5509
(907) 465-2787
Fax (907) 465-2374

Kenai Employment Security Tax Office

11312 Kenai Spur Hwy, Suite 2
Kenai, AK 99611 – 9106
(907) 283-2920
Fax (907) 283-5152

Wasilla Employment Security Tax Office

877 Commercial Drive
Wasilla, AK 99654-6937
(907) 352-2535
Fax (907) 352-2581

Alaska Employer Registration Form for Daycare Services

Who is required to file this form?

Every employing unit, including any person, firm, corporation, or other type of organization that for some portion of a day within the calendar year has employed one or more persons, is required by law and regulation to file this report. If you are uncertain of your need to register, contact the Registration Unit or your nearest Field Tax Office.

TO CONTACT US:

- ◆ Toll-free telephone number to connect to your Field Auditor if you are located in Alaska (except Anchorage, Fairbanks, Juneau, Kenai, or Wasilla), out-of-state, and Canada:
1-888-448-2937
- ◆ Toll-free telephone number to connect to your Employer Account Representative in our Central Office in Juneau for all areas outside Juneau, out-of-state, and Canada:
1-888-448-3527
- ◆ Toll-free telephone number to connect to Relay Alaska TDD/TTY/TT Services:
1-800-770-8973
- ◆ E-mail at: esd_tax@labor.state.ak.us

Mail the completed Registration Form to:

**Alaska Department of Labor
and Workforce Development
Employment Security Tax
PO Box 115509
Juneau, AK 99811 – 5509**

We are an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

INSTRUCTIONS FOR NEW EMPLOYERS

Check the box on the top left of Page 3 to indicate if this is a new or update registration. Complete the following if you are a new employer. See below for update instructions.

- 1) Mark the item that describes the type of employer you are. If you are married you may be registered as a sole proprietor or partnership.
- 2) List your Federal Employer Identification Number (FEIN). If you have employees, you must have an FEIN. ***Do not use your Social Security Number.***
- 3) If you were previously assigned an account number by the Employment Security Division in the last three years, indicate that number.
- 4) Indicate the month, day, and year your business first paid or anticipates to first pay wages in Alaska.
- 5) 5a) Indicate if you anticipate paying wages totaling \$1,000 or more in a calendar quarter.

5b) Indicate if you paid wages totaling \$1,000 or more in a calendar quarter in the previous year.
- 6) List your mailing address.
- 7) List your telephone number.
- 8) List a physical worksite address in Alaska if different than Item 6. If you do not have a physical worksite in Alaska, please explain. The physical worksite should be a private home where the domestic service is performed.
- 9) List your FAX number.
- 10) Indicate if you are enrolled in a daycare assistance program under the Child Care and Development Block Grant Act of 1990 or similar program.
- 11) Indicate whose home the service is provided in and if the care provider is a relative and the relatives age. Some services performed by family members may be excluded from coverage. Also provide the name and social security number of the caregiver.

RESPONSIBLE PARTY INFORMATION:

Sole Proprietor: List your name, residence address, telephone number, title and Social Security Number. Your title should reflect your relationship to the individual the daycare services are being provided for.

Partnership: List the requested information for each partner.

Other: List the requested information for principals or responsible parties.

Responsibility Codes

1. File contribution reports
2. Pay contributions due
3. Person determines which creditor is paid first.
4. Check signing authority.
5. Hire/Fire authority
6. All of the above

CERTIFICATION and SIGNATURES:

This Registration form must be signed by the **SOLE PROPRIETOR, ALL PARTNERS** of a partnership, **ALL** principals or responsible parties.

Contact Person:

If you have a business contact person, such as an accountant, bookkeeper, or tax preparer, provide their name, phone number and e-mail address.

Alaska Employer Registration Form for Daycare Services

Alaska Department of Labor and Workforce Development Employment Security Tax PO Box 115509, Juneau, AK 99811-5509	<input type="checkbox"/> New <input type="checkbox"/> Update	Account Number	Bus. Type	NAICS	Predecessor	Predecessor Dues?			
		Field Auditor	Cont. Code	Rt-Hld & Mailings	Rate Code	Rate Year	Rate Link Type	Rate	Receive Date
		THE ABOVE AREA IS FOR STATE USE ONLY							
1) Type of Employer: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other (Please explain)									
2) Federal Identification Number (if available):					3) Were you ever assigned an account number by this Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list number:				
4) Date first paid wages: Month _____ Day _____ Year _____ (Your account will be opened this date)					5a) Do you anticipate paying wages totaling \$1,000 or more in a calendar quarter this year? <input type="checkbox"/> Yes <input type="checkbox"/> No 5b) Did you pay wages totaling \$1,000 or more in a calendar quarter last year? <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="display: flex; justify-content: space-around; color: red; font-weight: bold;"> Qtr 1 = Jan/Feb/March Qtr 3 = July/Aug/Sep </div> <div style="display: flex; justify-content: space-around; color: red; font-weight: bold;"> Qtr 2 = April/May/June Qtr 4 = Oct/Nov/Dec </div>				
6) Mailing Address:			City		State		Zip		7) Work Phone:
8) Physical Worksite Address in Alaska:								9) Fax Number:	
10) <input type="checkbox"/> Are you enrolled in a daycare assistance program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide _____ (_____) _____ <div style="display: flex; justify-content: space-between;"> Program Name Telephone Number </div>									
11) Select all that apply: a) <input type="checkbox"/> Daycare provided in my home. b) <input type="checkbox"/> Daycare provided in caregiver's home. c) <input type="checkbox"/> Daycare provided by a relative. Relative's relationship to you: _____ Relative's Age _____ d) Caregiver's Name: _____ SSN: _____									
CERTIFICATION: With my signature, I certify that information provided on this form is correct and true to the best of my belief.									
Printed Name & Social Security Number			Signature		Residence Address & Telephone Number		Title		Responsibility Code
Name: _____ SSN: _____					City: _____ State: _____ Zip Code: _____ Home phone: _____				
Name: _____ SSN: _____					City: _____ State: _____ Zip Code: _____ Home phone: _____				
Business Contact Person:			Phone Number:		E-mail:				